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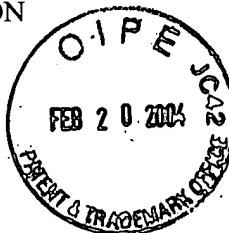
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Mindy Fitch	(Depositor's name)
<i>Mindy Fitch</i>	(Signature)
<i>2/17/04</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/655,191	09/05/2000	Takayasu Komatsu	TKJ/115	7754

TITLE OF INVENTION: SHADOW MASK, PLATE MEMBER THEREFOR AND METHOD OF MANUFACTURING SHADOW MASK

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	03/08/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
MACCHIAROLO, PETER J	2875	445-047000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Timothy J. Keefer,  
Reg. No. 35,567

Wildman, Harrold, Allen & Dixon LLP

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

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(Authorized Signature) Timothy J. Keefer, Reg. No. 35,567 (Date) 2/16/04

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02/25/2004 MBELETE2 00000088 09655191

01 FC:1501  
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